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ABSTRACT

The Weber Mental Health Center consultation program to schools is described. The conditions under which children might be directly treated at the center are enumerated, but the essential thrust of the program is to train teachers, administrators, and parents the principles and application of learning theory to the management of children's behavioral disorders. Several successful approaches are described: (1) a class was offered through the local college offering credit for teachers interested in the behavioral approach; (2) inservice programs were provided for total school staffs indicating an interest; (3) total class programming was taught where desired; and (4) a comprehensive consultation program with the community Head Start Program was initiated and included teachers, aides, parents, etc. (TL)

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A BEHAVIOR MODIFICATION APPROACH TO ELEMENTARY SCHOOL CONSULTATION

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Elementary school guidance has gained considerable attention in the last four or five years in the public schools of America. At least two possible reasons for this occurred to the author. One is that it is becoming increasingly evident that behavioral problems exhibited in childhood can be treated with a good deal of success. This seems particularly true in recent years with the advent of learning theory application to behavioral change. The second important reason for this extension into the elementary school level is the increased recognition of the wisdom of the holistic approach to education of young children; that is, the recognition that the emotional and social health of a child is extremely important in his overall functioning. In addition, financial support by the federal government in many areas of mental health has no doubt fostered a more extensive interest and effort in the emotional health of young people.

While it appears that guidance in the schools, even on the elementary level, is fairly well accepted by educators and the general public, there still is a great paucity of actual professional assistance available to children in the average elementary school. For example, in 1970 there were 17 elementary school counselors and 32 school psychologists for 165,000 elementary school children in Utah. The scarcity of professionals, however, is not accurately reflected in the total problem. Lambert (1964) claims that the school psychologist spends about 90% of his time diagnosing problems and 10% doing something about them. Kessler (1966) states that school psychologists are likely to fall into two categories; those who are organically minded and want a neurological examination to check on minimal brain damage, and those who are psychoanalytically minded and want psychiatric consultation or projective tests to check on passive-aggressive tendencies or underlying homosexual trends. Also, it might be pointed out that even where the counselor or psychologist does spend

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a large proportion of his time in actual direct treatment, there will be a very small number of students helped, due to the sheer fact of the wide ratio of professional workers to children. It appears, then, that a logical solution would be either to provide more professional workers and increase the ratio of professionals to children, or to attempt to attain the same results through people other than the psychiatrist, social worker or psychologist. Rioch et. al. (1963) describe an NIMH project wherein a group of housewives were given a two-year part-time training program designed to prepare them to be psychotherapists. Evaluation of their therapy sessions by three experts indicated that their skills were equal to those of psychiatric residents, analytic institute candidates and graduate students of clinical psychology.

Lindsley (1966) similarly describes successful attempts to prepare parents to conduct behavioral programs for their own children. It would appear that it is not absolutely essential that all children needing assistance to maintain emotional health be given therapeutic treatment by a psychiatrist, social worker or psychologist, but that with proper training, background and encouragement, other competent individuals can be nearly, if not equally, as successful as the professional mental health worker.

School consultation approaches appear to vary greatly across the country, but there does seem to be a consistent trend toward this relatively new approach. In some schools district offices employ school psychologists and social workers, etc. who function as consultants to local school staff, and it appears that this sometimes is fairly successful. However, in the writer's experience too often a very small staff of district psychologists and social workers attempt to give direct treatment to the more critical behavioral problems of the local schools and end up, because of sheer numbers, doing diagnostic work and making recommendations, which usually get back to the referring source, the teacher, with little help.

It would appear to the author that there is a very good case for school consultation from a comprehensive mental health center, particularly at the elementary level. First of all, it seems to be established that a reasonably competent and

intelligent person can be given sufficient orientation in a short period of time to be able to provide valuable therapeutic assistance to a child with emotional or behavioral problems. Secondly, it follows that the average teacher with some background in learning and child development would be especially able to provide this kind of therapeutic assistance with some consultation by a professional mental health worker. It seems fairly safe to assume that most teachers, with some reinforcement and encouragement, could provide more effective emotional support and behavioral guidance for problem students than they normally do.

From the standpoint of interest in community mental health, it seems obvious that the schools provide an excellent and highly appropriate field of action, particularly in the area of preventive mental health work. Certainly it is a good deal easier to correct unhealthy behavioral tendencies as they begin to develop than it is to attempt to change established personalities. Furthermore, most elementary school teachers who have twenty to thirty-five children every day for the school year become well acquainted with patterns of emotional disturbance or behavioral abnormalities. Professional workers from the mental health centers could very well get locked into the same kind of problem that was referred to with school district office personnel wherein direct services are offered and only a very limited number of the most critical problems are handled. It would seem that there is a good case built for the mental health worker to consult with teachers, administrators and parents in an effort to help them deal with their children. They work with the children directly day after day and have sufficient competence, in most cases, as well as being on the spot in the natural situation with the child.

Since the Weber Mental Health Center was established in January of 1970, it has been the policy of the Center that consultation to schools would be just what the word consultation implies; that is, that the mental health worker consults with school staff members in an attempt to encourage new mental health practices and reinforce those that are ongoing. This does not mean that the Mental Health Center itself does

not treat children directly. Children are treated directly through the Center operation in the following ways:

1. Where there is total family disorganization to the extent that family group counseling in conjoint family therapy is needed, children are seen with their parents.

2. Parents are seen in groups where programs of behavior modification are worked out for their children.

3. Singles groups for young people are available. These groups normally involve high school or older children, however.

4. Psychological evaluations are offered on a contractual basis to other agencies in the community.

It should be noted here, however, that there is a screening process wherein school age children referred to Mental Health are first staffed with appropriate school personnel to determine if school people can handle them more appropriately in the natural school situation. Generally speaking, if the problem is principally that of a school-related difficulty with the child, it is handled through the consultation program at the school. If other family problems are the main difficulty, or if the school child's problems are not mainly things concerning the school, then the referral might be considered for acceptance in the Mental Health Center.

The school consultation program has a variety of goals and directions. However, the essential and underlying philosophy for all of the consultation effort is under the umbrella of behavioral theory; that is, the major thrust in any of the programs is to help school staff people and parents to deal with the here-and-now behavioral observations. Within this basic philosophy there are several approaches, depending upon the needs of the particular school being served. The programs designed in cooperation with the local schools are as follow:

1. Several schools in one area of the county had expressed interest in learning about the behavioral approach to classroom management. It was decided that a class could be offered through the local college offering credit for those teachers inter-

ested in this kind of orientation. A class was arranged for three hours, one night a week for eleven weeks. The course included some background in learning theory, behavior modification techniques, including pinpointing behavior, establishing reinforcers, and counting procedures. An integral and essential part of this instruction was actual application of the information presented to the teachers. They initiated and carried out behavior modification programs for students in their classes. On-the-spot visits with teachers and their classes made this approach quite effective and meaningful.

2. Similar to the program described in #1 above is an inservice program to a total school staff which indicated an interest in learning and applying behavior modification techniques in their school. This program involved all of the staff. The principal and all of his teachers met for one hour, one day a week for six weeks to discuss the various aspects of behavior modification programming, and again included actual application of the techniques in their own classrooms with specific children. At the end of the six-week period, visits with individual teachers at regular intervals for encouragement, reinforcement and checking on programs was felt to be an essential part of this program. Obviously, there was a good deal of carry-over effect from working with one child. The teacher was able to learn the techniques sufficiently well to instigate programs of her own with other children.

3. A different approach was desired at another school wherein a few of the teachers on the staff were particularly interested in finding out any methods of developing organized classes and control of individuals within the classes. At this school one teacher desired to have a total class behavior modification program. This was arranged in cooperation with the teacher who explained to the class that she had developed two or three rules she expected the children to follow, and further that she would make a mark on a large chart on which the children's names appeared each time they infracted this rule. In addition, she explained to them that privileges important to them would be contingent upon their obtaining few marks on the chart which each child could see very easily from any place in the room.

Also, at this school several individual cases were staffed with the teachers and principal. Behavioral programming was incorporated into these individual case programs, too. An interesting observation here was that in working with the principal, it was discovered that he had eight or ten children who were continually getting into difficulty. His method of handling those difficulties was generally to call the children in and to make threats, or actually sometimes to carry out some disciplinary action. In consultation with the principal, it was possible to help him see the wisdom of establishing contingencies based upon the behavior of these problem children. The result was a more clearly defined avoidance reaction of the children; that is, they were aware that more consistent consequences were assured based on their behavior both positive and negative, and therefore, behavior was channeled in more positive directions.

4. A slightly different but highly successful program of consultation was organized with the community Headstart Program for pre-school children. The author had previously worked with a few of the teachers and teacher aides in behavior modification techniques. This seemed to help in promoting this program since these teachers and teacher aides were already quite positively motivated. The program began initially with a meeting with the social work director, social work aide and all of the teachers and teacher aides in a four class cone. Behavior modification techniques were discussed in generalities for about one hour, at the end of which it was decided that the group would be very much interested in having consultation using this basic approach. From that time until the present, the consultant met with the teachers for approximately one hour every other week to discuss programming in their classes. The alternate week required about one hour and a half. One hour was spent in observation with the teachers. Every teacher developed at least one behavior modification program with a child. Two of the teachers have started total class programming. The most common kinds of behavioral problems dealt with in the programming were: (a) To get the child to become involved in the class activities; (b) To have the child remain in the class area or classroom activity; and, (c) To have the child respond appropriately (verbally). Interestingly, as in the programs previously described for older children,

charts large enough for the children to see easily from different places in the classroom were very effective. In nearly every case the child could recognize his name and soon began to get the idea that if he had more marks for negative behavior, consequences would follow which motivated him to do better and get fewer marks. Also, in many cases parents of the Headstart children were very much involved in programming. Sometimes contingencies involved reinforcements in the home earned through classroom behaviors. Also, correlated programs were sometimes incorporated in the home consistent with programs in the school so that they strengthened each other.

In summary, behavior modification techniques are used in a variety of programs and circumstances throughout the school consultation programs based upon the needs, interests and concerns of the local schools involved. Most teachers and administrators indicate satisfaction and appreciation for this kind of approach.

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